

Chapter 3

Occupational Therapists (OT)/ OT Specialists

3-1. Description of Duties.

a. Occupational Therapist (65A). Plans, implements and supervises occupational therapy programs upon referral from medical officers and other health care personnel. These are programs of remediation, health maintenance, prevention, vocational adjustments, consultation in hospital/Medical Treatment Facility (MTF) and community settings to enhance task performance of mentally, emotionally and physically handicapped individuals. Services may include but are not limited to the following: Evaluation of competencies within life roles (for example, soldier, (MOS specific), occupational patterns, parent). Education and training to enhance habits, self-care, coping skills and activities of daily living (ADL). Identification and evaluation of mental and physical stressors and teaching prevention and coping skills. Enhancement of psychosocial skills. Design and development of splints, special equipment and their application to disabilities. Use of physical reconditioning techniques to maintain fitness, hasten recovery, and improve independence of self-care and activities of daily living. The primary wartime roles are: Upper extremity neuromusculoskeletal screening, diagnosing and treatment and the prevention and treatment of combat stress, and battle fatigue. Reconditioning and treatment to increase physical fitness, duty related skills and work performance to minimize return to duty time (Modified from DA PAM 611-21, March 1999).

The following should be added to the above job description: Supports humanitarian missions by recommending policy and providing management and guidance on upper extremity management and combat stress control in support of disaster victims, internally displaced persons and refugees.

b. Occupational Therapy Specialist (91BN3). Administers occupational therapy treatment to patients under direct supervision of a occupational therapist and manages the occupational therapy clinic. Assists the occupational therapist in the implementation of remedial, health maintenance and prevention programs for psychiatric as well as physical disability patients as applied to humanitarian missions (modified from DA PAM 351-4, October 93).

3-2. Roles in Humanitarian Missions.

a. Education. As a licensed professional the occupational therapist is an educational asset to commanders, the Host Nation (HN) Ministry of Health, the HN population, HN medical personnel, allied forces medical personnel, and troops of U.S. and allied forces. Education will encompass the many areas of expertise that are unique to occupational therapy such as mental health and/or critical incident stress management, health promotion and wellness, upper extremity diagnosis and rehabilitation, injury prevention, ergonomics, and developmental disabilities.

b. Training. The occupational therapist serves as a trainer to HN and allied forces medical personnel, allied forces, and US troops. Training includes stress management techniques for caregivers and deployed forces, as well as family members. Training also includes training HN medical personnel on rehabilitation techniques, to include upper extremity diagnosis and rehabilitation, injury prevention techniques, mental health rehabilitation, ADL assessment, health promotion and wellness strategies and ergonomics.

c. Consulting. As a consultant to commanders, the HN Ministry of Health, and HN and allied forces, the occupational therapist provides assistance on mental health issues, health promotion and wellness strategies, and ergonomics as it applies to force health protection. Consultation includes critical event stress management, structuring refugee camps, surveying units, upper extremity orthopedic diagnosis and treatment, burn injury rehabilitation, and developmental assessments.

d. Assessment. As a mental health care provider the occupational therapist assesses individuals by conducting interviews, mental health exams, and unit/organizational surveys. As a neuromusculoskeletal evaluator the OT performs assessments on complex upper extremity injuries. The OT serving in a rehabilitation role assesses individual needs for rehabilitative care. Rehabilitative intervention assessments can include assessing performance of ADL and/or the need for upper extremity rehabilitation.

e. Mental Health Care Provider. As a mental health care provider in humanitarian missions the occupational therapist will apply Combat Stress Control (CSC) principles to humanitarian relief. As such, the occupational therapist will consult with leaders on mental health (MH) issues. Preventive mental health interventions the occupational therapist provides include critical event stress management; structuring of refugee camps to support healthy adaptation and good mental health; and interviewing units/refugees as part of conducting an organizational survey. Direct patient care in this role includes interviewing of individual stress casualties, conducting mental status exams, performing neuro-psychiatric triage, restraining neuro-psychiatric casualties, and assessing individual functional performance. Indirect patient care includes education/consultation to leaders (HN and allied forces) on stress management, conducting critical stress management debriefings and/or unit surveys, and development of OT programs to address functional deficits.

f. Neuromusculoskeletal Screener. The Army occupational therapist serves in a physician extender role as a neuromusculoskeletal evaluator (NMSE). The occupational therapist evaluates, diagnoses, and treats complex upper extremity injuries. Treatment includes wound care, burn management, and splinting/casting of the upper extremity as appropriate.

g. Administration. Serve as Chief, Minimal Care units for a task force, medical liaison officer, and in a variety of other administrative positions.

h. Pre/Post Deployment Preparedness. Serve on Health Assessment Response Team (HART) to assess pre- and post- deployment psychosocial needs.

i. Subject Matter Expert (SME). Provide training as a SME to commanders and HN medical personnel on upper extremity disorders and treatment, burn management, and other rehabilitative conditions. Training and knowledge exchange can take place in the HN or HN can participate in knowledge exchange in the U.S.

j. Health Promotion. Serves as health promotion officer to promote wellness and injury prevention to maintain readiness. The occupational therapist can also provide health promotion services to the HN Ministry of Health and the local population.

k. Injury Prevention. Serve on injury prevention team to provide educational and intervention strategies on prevention of upper extremity musculoskeletal injuries.

3-3. Operations Occupational Therapists/Occupational Therapy Assistants Can Support.

a. Noncombat Evacuation Operation (NEO). Serve as a mental health care provider. *Perform after-action debriefings to reduce stress-related problems* (FM 8-42, Chapter 4-17)¹.

b. Domestic Support Operations-Disaster Assistance. Serve as an educator/trainer, consultant, assessor, mental health care provider to victims and caregivers, and a neuromusculoskeletal screener. In addition to the above mentioned roles, FM 8-42 lists the following roles for the occupational therapist during disaster assistance: *conduct critical incidence stress debriefings and after action debriefings, deliver direct care to victims of the disaster, provide preventative and restorative care support and augment local facilities* (FM 8-42, Chapter 3-3).

c. Domestic Support Operations-Community Assistance. Serve as an educator/trainer, consultant, assessor, mental health care provider, and a neuromusculoskeletal screener. FM 8-42 references the following roles for this operation: *participation in community health screening, delivery of educational presentations, and staffing of a MEDCEN/MEDDAC as needed for treatment of serious injuries* (FM 8-42, Chapter 3-3).

d. Domestic Support Operations-Environmental Assistance. The occupational therapist serves as a consultant to civil authorities during domestic support operations requiring environmental assistance.

e. Domestic Support Operations-Law Enforcement Support. The occupational therapist serves as a consultant during domestic support operations requiring law enforcement support. *Serve as a force multiplier by providing traditional CHS to employed US Army forces and serve as an administrator, e.g., Chief of Minimal Care Units or other administrative positions* (Modified from FM 8-42, Para. 3-3, a. 3.)

¹ Italicized information is quoted from FM 8-42 dtd 27 October 1997

f. Foreign Humanitarian Assistance. Serve as an educator/trainer, consultant, assessor, mental health care provider, and a NMSE to victims of natural and man-made disasters. *Apply stress control measures during and after the operation to caregivers and victims, and provide health care needs to the refugee population (FM 8-42, Chapter 3-4). Serve as an administrator, e.g., Chief of Minimal Care Units or other administrative positions (Modified from FM 8-42, Para. 3-3, a. 3.)*

g. Security Assistance. Serve as SME, consultant and educator on upper extremity rehabilitation. FM 8-42 lists the following roles during security assistance: *provide CSC training for US Army personnel and the foreign internal defense augmentation force, and participate in a cultural exchange program with foreign medical personnel to exchange visits, training and educational resources (FM 8-42, Chapter 3-5).*

h. Nation Assistance. Serve as an educator/trainer and a consultant to HN personnel, perform assessments of health care needs, provide mental health care to U.S. Forces and the HN population, perform neuromusculoskeletal screenings, and serve as SME, consultant and educator on upper extremity management and rehabilitation. In FM 8-42, *consultation in nation assistance is identified with an emphasis on knowledge sharing among medical specialists to enhance the HN medical personnel's skills (FM 8-42, Chapter 3-6).*

i. Combating Terrorism. Serve as a consultant and/or provide education and training. *The occupational therapist will augment stress management teams in order to provide traditional CHS to US and friendly forces, which includes conducting debriefings to victims, rescuers, and caregivers after an attack (FM 8-42, Chapter 3-8, 4-17).*

j. Peace Support Operations. *Occupational therapy personnel assist in preventing stress disorders and misconduct stress behaviors caused by operational factors during peacekeeping operations (FM 8-42, Chapter 3-9). Provide stress management training and consultation to unit commanders (FM 8-42, Chapter 4-17). Refer to humanitarian assistance and nation assistance for additional roles that may be included during peace support operations.*

k. Show of Force. *The occupational therapist will support the combat force by providing CHS in the traditional role (FM 8-42, Chapter 3-10).*

l. Support for Insurgencies and Counterinsurgencies: Serve as a mental health care provider. Combat health support during insurgency/counterinsurgency operations may include the following as referenced in FM 8-42: *providing rehabilitation guidance, training of HN medical personnel, employing CSC prevention programs and developing rehabilitative services (FM 8-42, Chapter 3-11).*

m. Attack and Raids. Serve as a consultant. *Provide direct medical care to EPW (enemy prisoners of war), detained or retained personnel, and civilian casualties (treatment of burns and complex upper extremity injuries). Conduct debriefings of soldiers who are*

injured and/or wounded. Provide mental health care support to decreases misconduct stress behaviors among US forces (FM 8-42, Chapter 3-12).

3-4. Occupational Therapy Training Opportunities.

- a. Combat Stress Management Course
- b. Neuromusculoskeletal Evaluator (NMSE)Upper Extremity Course
- c. Burn and Trauma Management Course
- d. CHPPM Ergonomic Course
- e. Enlisted Clinical Management Course
- f. Faculty Development Course
- g. Critical Incident Stress Management Training
- h. Hand Specialty Course (Civilian)
- i. NOVA Disaster Response Course
- j. Army Training and Evaluation Program (ARTEP) training
- k. Master's in Public Health with emphasis in epidemiology and ergonomics and/or management of individuals with psychosocial conditions

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